PFT B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further	correspondence includired below or directed other	ig the Patent	, advance oi	rders and notification of	maintenance fees	will be ma	iled to the current c	correspondence address as ate "FEE ADDRESS" for
CURRENT CORRESPONDE	nge of address)	Fo	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
		E-FILING						
Mark S. Graham, Esq. LUEDEKA, NEELY & GRAHAM, P.C.					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Knoxville, TN 3			Mark S. G	_	(Depositor's name)			
			Mark S.	m/	(Signature)			
					November	19, 2	2009	(Date)
APPLICATION NO.	ON NO. FILING DATE		FIRST NAM		INVENTOR		EY DOCKET NO.	CONFIRMATION NO.
10/522,827	10/522,827 01/31/2005			Simona Jevsevar		LB/G	2050	
TITLE OF INVENTICE EXPRESSION IN E.CO.		NE CODIN	G FOR H	UMAN GRANULOCY	TE-COLONY ST	IMULATI	NG FACTOR FO	R THE
APPLN, TYPE	SMALL ENTITY	ILL ENTITY ISSUE FEE DUE		PUBLICATION FEE DU	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	NO \$1510		\$300	\$0		\$1810	11/24/2009
EXAMINER			UNIT	CLASS-SUBCLASS				
XIE, XIA	OZHEN .	46	424-085100					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRI	NTED ON	THE PATENT (print or	vne)			
						nce is iden	tified below, the doc	cument has been filed for
(A) NAME OF ASSIG	ONEE			(B) RESIDENCE: (CI	Y and STATE OR	COUNTRY	Y)	
Lek Pharmaceuticals d.d. Ljubljana, Slovenia								
Please check the appropri	iate assignee category or	categories (v	vill not be pr	rinted on the patent):	☐ Individual 😡 C	orporation	or other private grou	p entity Government
4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-2355(enclose an extra copy of this form).								
☐ Advance Order - #	of Copies		_	overpayment, to De	by authorized to cha posit Account Numb	rge the req	2355(enclose an	extra copy of this form).
5. Change in Entity Stat	tus (from status indicated	i above)						
• • •	s SMALL ENTITY state			b. Applicant is no le	• -			
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if requeeords of the United Sta	uired) will no tes Patent and	t be accepted Trademark	d from anyone other that Office.	the applicant; a reg	istered atto	orney or agent; or the	assignee or other party in
Authorized Signature	/Mark S. G	raham	/		Date NO	vembe	er 19, 200	9
Typed or printed name Mark S. Graham					Registration l	No	32,355	
This collection of informan application. Confident submitting the completed	ation is required by 37 Ciality is governed by 35 I application form to the	U.S.C. 122 a USPTO. Tip	ne information and 37 CFR me will vary	on is required to obtain on 1.14. This collection is a depending upon the incompanion of the collection of the collectio	r retain a benefit by estimated to take 12 lividual case. Any co	the public minutes to omments o	which is to file (and complete, including on the amount of time	by the USPTO to process) gathering, preparing, and e you require to complete

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.